

Vonda M. Vrooman  
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)	09/051843					
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2	1						52					
3	2						53					
4	2						54					
5	2						55					
6	2						56					
7	1						57					
8	1						58					
9	1	1					59					
10	1	0					60					
11	1						61					
12	1						62					
13	1						63					
14	1						64					
15	1						65					
16	1						66					
17	1						67					
18	2						68					
19							69					
20	1						70					
21	1						71					
22	1						72					
23	1						73					
24	2						74					
25	2						75					
26	2						76					
27	2						77					
28	1						78					
29	1						79					
30	0						80					
31	1						81					
32	1						82					
33	1						83					
34	1	2					84					
35	2						85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	14						TOTAL IND.					
TOTAL DEP.	35						TOTAL DEP.					
TOTAL CLAIMS	49						TOTAL CLAIMS					

PTO-1360 (3-71)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE  
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